Dr. R. Forgan said that this immense work on health education in the factories in Russia was a challenge when it was compared with what was being done in England at the present time. It was perfectly true that the Ministry of Health and Ministry of Labour were encouraging health education in factories, but they were very far from the Russian plan. He might contrast the attitude of the Government towards V.D. matters in Russian factories and in British factories. A couple of years ago when it was suggested that there should be a brief reference to the necessity for any individual who thought he or she might be infected with venereal disease to consult a doctor or attend a clinic, in a leaflet which was being circulated in factories, the Ministry of Labour objected. The Ministry of Health was able to persuade the Ministry of Labour that it was backward, but he hoped that Dr. Scott and other doctors would do their utmost to spread health education in this country.

Dr. Shanson asked whether the bottle of medicine mania existed in Russia as it did here.

Dr. Scott said that he did not know.

Dr. Nabarro asked whether there were any figures available for the incidence of congenital syphilis in the U.S.S.R. or whether they had any records from 1914 onwards. One would like to have some idea of the amount of antenatal work which had been done since just before the war and in the early days after the revolution. It would be interesting to know whether or not the tremendous improvement in the venereal condition in the U.S.S.R. was reflected in the number of cases of congenital syphilis which were reported. Another point was what relation the improved venereal position had to general paralysis of the insane and to tabes—whether the figures had improved in the last twenty-five years.

He was scared by what Dr. Scott had said. It was almost inconceivable that in such a vast area these improvements could have been effected in twenty-five years, especially in the rural districts. How could these diseases be attacked and the patients diagnosed? He supposed that it was the mobile clinics which had accomplished it. It seemed to the speaker that if this state of affairs could be brought about in such an enormous country, then it should be child’s play in a country like Great Britain, if there were the will to do it; but it seemed that the will was not there.

Dr. Scott said that he had no figures on tabes and G.P.I., but he realized that they would be of enormous value as a check on the other figures. He had a note which Professor Sarkisov had kindly supplied, but all he said about congenital syphilis was that special attention had been paid to that side and that a new and rapid method of treatment and prevention had been found; no details were given.

Dr. Curtis said that Dr. Scott had mentioned a "reasonable attitude to venereal disease". Could he amplify that expression a little, particularly in relation to the mobile units? One of the alleged disadvantages accompanying the use of mobile units in this country was that if venereal treatment were "driven up in a plain van", everyone would guess what it was all about. He wondered whether, if mobile units were so much used in Russia, that particular attitude had been overcome and if so whether it was as a result of the propaganda from the dispensaries in the villages.

Dr. Scott replied that that was an interesting point. He had taken the words in his paper very carefully from Professor Sigerist’s book, Socialised Medicine in the Soviet Union, which were "a rational attitude". The Russians dealt with venereal diseases on sound medical lines without bringing in any particular racial or religious taboos. The encouragement of early marriage and the facilities for divorce (which incidentally had been tightened up considerably) tended to discourage promiscuity, and this had been one of their objects.

Lt.-col. J. M. Elliott said that he had been told that the people in Russia were living in appalling housing conditions, five and six families to a room. How did Dr. Scott reconcile that with his statements?

Dr. Scott said that the big cities were very overcrowded; the figures proved that. They were improving the situation but the war had intensified the problem. During the retreat the Russians had destroyed everything themselves, then the Germans destroyed everything. What kind of a problem had to be faced he did not know; it was horrible to think about. Even in London there was a very real housing problem; first-aid repairs were done very quickly but the whole problem was becoming very serious.

Gonococcus and meningococcus: interchange of habitat

Jean Armytage, of the Fairfax Institute of Pathology in Sydney, reported to the Society of Experimental Biology of New South Wales on one case of gonococcal meningitis, one of meningococcal vulvovaginitis and 3 cases of meningococcal conjunctivitis. In the case of the patient with meningitis, a culture from the cerebrospinal fluid produced small translucent colonies of Gram negative diplococci and it was not realized that these were not meningococci until, after recovery under sulphonamide treatment from the meningitis, the patient remained pyrexial and an epididymitis without free discharge developed. Prostatic massage produced material of a culture from which was compared with the previous meningococcal strain and fermentation reactions from both, with their "ability to be emulsified", showed them to be gonococci.

—The Medical Journal of Australia, 30th September 1944.
Gonococcus and meningococcus: interchange of habitat

Br J Vener Dis 1945 21: 8
doi: 10.1136/sti.21.1.8

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